Outcome Assessment Information Set (OASIS) Update

Date: November 14, 2000   DSL-BQA-00-075
To: Home Health Agencies   HHA 32
From: Jan Eakins, Chief, Provider Regulation & Quality Improvement Section
cc: Sue Schroeder, Director, Bureau of Quality Assurance

The purpose of this memorandum is to provide information related to the federal Outcome ASsessment Information Set (OASIS).

Faxing OASIS Information

The attached memorandum from the federal Health Care Financing Administration provides guidance to home health agencies (HHAs) concerning faxed transmission of OASIS data. HHAs must follow the guidelines identified in this memorandum to ensure confidentiality of all patient identifiable information. For questions regarding these faxing procedures, agencies may contact Andrea Henrich, (608) 267-3807 or Chris Benesh, (608) 266-1718.

Revised Policy for Transmitting OASIS Data

Effective October 1, 2000, HHAs must encode and transmit OASIS data to the State OASIS System on all Medicare/Medicaid patients receiving skilled care, regardless of who pays for that skilled care, if Medicare or Medicaid reimburses for any home health provided service.

The collection of OASIS is required for all skilled HHA patients. OASIS item M0150 identifies payers to which any service provided during the home care episode is being billed. Any time M0150 is coded as 1, 2, 3, or 4 for any service, including home health aide, OASIS data must be collected, encoded, and transmitted.

For example: The HHA must collect, encode and transmit OASIS data on a patient who is receiving skilled nursing or therapy services paid by a private insurance payer and home health aide services paid by Medicare or Medicaid.

Prior to implementation of the Medicare prospective payment system (PPS), HHAs were instructed only to encode and transmit OASIS data collected on patients whose skilled services were reimbursed by Medicare or Medicaid.

This new policy may change how some agencies transmit OASIS records. HHAs that previously were not encoding and transmitting OASIS records for skilled patients with only non-skilled services paid by Medicare/Medicaid must submit these records, starting with all assessments that have a completion date on or after 10/01/2000.

Encryption

Effective 10/1/2000 HCFA implemented 128-bit encryption for OASIS data that is transmitted to the State OASIS System. HHAs have previously been informed to update their web browser (Internet Explorer or Netscape) to be compatible with 128-bit encryption. Agencies that do not conform to this new standard will not be able to transmit OASIS data to the State OASIS System and will receive an error that they are not authorized to view the OASIS web page.

Netscape Navigator version 4.08 is compatible with 128-bit encryption and HHAs may download this web browser from the State OASIS System. The Netscape Navigator file that is downloaded is an executable file that must be installed after the download is completed. Installation instructions are also available on the State OASIS System.

Updated HCFA OASIS Home Page

HCFA has updated their Home Page. Access this website at:
                           www.hcfa.gov/medicaid/oasis/oasishmp.htm
and click on "What's New" for information on the following:

- OASIS Item-by-Item Tips: Revisions to the Item-by-Item Tips found in Chapter 8 of the OASIS User's Manual.
- OASIS B-1 (8/2000) Data Set: Version of OASIS data set in effect since September 1, 2000.

- OASIS and PPS: Overview of collection and reporting of OASIS data for Medicare reimbursement under the new payment system.
- OASIS Considerations for Medicare PPS Patients: Hints to help HHAs integrate PPS into their OASIS procedures.
- OASIS Recertification Assessment Scheduling Calendar: Perpetual calendar to assist HHAs in scheduling OASIS follow-up assessments within the required 5-day certification window.

Bulletins

The OASIS Welcome Page on the State OASIS System includes a Bulletins area that contains information related to OASIS collection, encoding, submission, and PPS. HHAs are encouraged to check this site periodically to keep current on OASIS. Several files that are posted on this site require Adobe Acrobate Reader software to view the information. HHAs can download Adobe Acrobate Reader software from the following Internet site:
http://www.adobe.com/products/acrobat/readermain.html

HHA Web Reports

Web Reports are now available from the State OASIS System and can be found by selecting HHA Web Reports located on the OASIS Welcome Page. Agencies are required to download a Report Viewer Plug-In file the first time reports are accessed. A variety of reports are available and can be used by a HHA to assure the accuracy and timeliness of OASIS submissions. Chapter 4 of the Home Health Agency System User's Guide provides information on the content of each report. The entire System User's Guide is available under the Bulletins area of the State OASIS System.

OASIS Item M0825

OASIS item M0825 (Therapy Need) indicates the need for therapy (physical, occupational, or speech therapy) during the home health episode. This item, which identifies high therapy use, must be coded correctly to obtain a Health Insurance Prospective Payment System (HIPPS) code for Medicare payment. HHAs must respond with "no" or "yes" to M0825 for all assessments that will be used for Medicare PPS.

Responses to M0825:
- Response 0 (No) indicates that the patient requires no therapy services or less than 10 therapy visits within the 60-day episode of care.
- Response 1 (Yes) indicates that the patient requires 10 or more therapy visits within the 60-day episode of care. (Include the cumulative total of therapy visits for OT, PT, and ST.)
- Response NA (Not Applicable) is used for all non-Medicare patients.
- Response NA (Not Applicable) may also be appropriate for Medicare patients for whom the assessment will not be used to determine a Medicare episode payment. For example: M0825 could be NA (Not Applicable) for Medicare PPS patients if the patient returns home from an inpatient stay within the 60-day episode and the Resumption of Care assessment indicates no change in current case mix. If the assessment is not going to be grouped for billing purposes, then M0825 should be NA.

VERSION_CD2

The OASIS data specifications includes a version control mechanism which allows records with M0090_INFO_COMPLETED_DT in September to be edited using version 1.04 or 1.10 data specifications. The VERSION_CD2 field drives the version control. The State OASIS System looks at this field first to determine which data specifications will be utilized to edit the record. To be edited using the current 1.10 data specifications, a record must have '01.10' in the VERSION_CD2 field. Anything other than this, i.e., '1.10 ' will be edited using the 1.04 data specifications.

VERSION_CD2 has always been a five-digit field. With v1.04 of the data specifications, the incoming VERSION_CD2 was '1.04 '. The VERSION_CD2 for version 1.10 uses a leading 0 without a space, '01.10'. Several vendors overlooked this format change. When an incoming record has '1.10 ' in the VERSION_CD2 field, the system will issue warning message 235, 'Inconsistent version number' (the only allowable version number is 1.04). Then, because the system is editing for v1.04, a VERSION_CD1 (OASIS version) response of B1-0800 will produce fatal record error 213, 'Invalid data value' (VERSION_CD1 should be B1-1098 for v1.04, not B1-0800). If

this error occurs, agencies need to ask their software vendors to make the necessary coding change to the VERSION_CD2 field, and then resubmit.

Records with M0090_INFO_COMPLETED_DT prior to September 1, 2000 will be edited using v1.04 data specifications. Records with M0090_INFO_COMPLETED_DT of October 1, 2000 or later will automatically be edited using the v01.10 data specifications.

PPS Information

Information on PPS can be accessed at the following websites:
- www.hcfa.gov/medicare/hhmain.htm (look under home health PPS final rule)
- www.hcfa.gov/medicaid/oasis/oasishmp.htm (click on "What's New")
- www.ugsmedicare.com/pdf/all_providers/home_ health_pps_questions_and_answers.doc

FAQs

Q. **When I try to access the State OASIS System using the AT&T Global Network Dialer, I receive a message that says "You are not allowed to access a line with an analog surcharge." What should I do?**

A. This message will appear if your HHA has not been given authorization from MDCN to use the toll free 1-800 number. HHAs should check for a local phone number in the AT&T Global Network Dialer software. If a local phone number is not available, contact MDCN at 1-800-905-2069 to request approval to use the 1-800 number.

Q. **What do I need to do to correct fatal record error message 255 that indicates inconsistent M0175/M0200/M0220 values?**
A. This message generally is the result of incorrect coding of M0220 for patients that have not had an inpatient facility stay in the past 14 days and have not had a medical or treatment regimen change within the past 14 days. Use the following coding guidelines when answering M0175, M0200 and M0220 for these patients:
- If "M0175 – From which of the following Inpatient Facilities was the patient discharged during the past 14 days?" is coded as "NA-Patient was not discharged from an inpatient facility;"
- And "M0200 – Medical or Treatment Regimen Change Within past 14 Days." is coded as "0-No;"
- Then "M0220 – Conditions Prior to Medical or Treatment Regimen change or Inpatient Stay Within Past 14 Days" must be coded as "NA-No inpatient facility discharge and no change in past 14 days." M0220 should not be coded as "7-None of the above."

Q. **Is it necessary to complete a discharge assessment for a patient who is discharged after a hospital stay?**

A. The patient who is discharged after a hospital stay will have had OASIS data reported at the point of transfer to the inpatient facility. No additional assessments or OASIS data collections are expected in this situation unless a resumption of care occurs. Therefore, the agency will complete a "paper discharge" in their records, but no OASIS data are reported.

Q. **Can we discharge a client who is in the hospital beyond the 60-day certification period? What information do we use to complete the discharge OASIS?**

A. The HHA should discharge a patient who remains in the hospital beyond day 60 of an episode. If the transfer OASIS assessment was completed on admission to the hospital, no further OASIS assessments are needed.

Q. **If the only service provided to a patient is medication management reimbursed by Medicaid, is the HHA required to collect, encode and transmit OASIS data?**

A. The requirement to collect, encode and transmit OASIS data applies to all Medicare/Medicaid patients receiving skilled care. The definition of skilled care depends on the service provided, not the level of reimbursement. Since medication management requires the skills of a nurse, a HHA must meet the OASIS requirements for a patient receiving this service.

Q. With PPS requirements, what are HHAs who don't offer therapy services expected to do if a patient is admitted with a diagnosis requiring a therapy service?

A. Under the consolidated billing requirements of the Home Health PPS, HHAs are expected to provide the therapy or arrange for it. If they choose to provide these new services (i.e., physical therapy, occupational therapy or speech language services), they must notify the State Survey Agency and their Regional Home Health Intermediary. The HHA may either provide them directly or "under arrangement," according to the State Operations Manual section 2180.

Q. What if a patient is referred to an HHA that is not able to either provide or arrange for a needed therapy service?

A. If the agency is not able to provide these services, the HHA should advise the patient on admission of the extent of its current services. If a patient needing therapy services is referred to an HHA that does not provide these services, the options are:
- The agency should not accept the patient if it cannot meet all his/her needs;
- The patient should be advised that the agency does not provide therapy services and the patient can elect to go to another HHA that provides therapy services; or
- The patient can decline the therapy services and receive only the other ordered HHA services. The MD must be notified if the HHA can not meet the patient's need for therapy services or the patient refuses the ordered therapy service.

Q. Why is the OASIS record rejected by the State when I use an AIDS diagnosis code as the primary diagnosis for OASIS item M0230?

A. To protect patient confidentiality, regulations in 16 states, including Wisconsin, do not allow the transmission of HIV, AIDS or STD diagnoses as the primary diagnosis in OASIS item M0230. All HIV, AIDS or STD diagnoses codes that are transmitted in an OASIS record are removed by the State OASIS System before the record is validated. For this reason, when HIV, AIDS or STD codes are listed as the primary diagnosis, a fatal record message is generated indicating that the (M0230) Primary Diagnosis field cannot be blank, because the record appears to not contain a primary diagnosis.

To permit transmission of the record, the HHA should contact the patient's physician to determine a specific diagnosis for which the patient is being treated or use a secondary or "next best" diagnosis for the primary reason you are providing services.

State Help

Questions related to software and OASIS data transmission (connection, feedback reports, fatal records, error messages, and data corrections) should be direct to either:
- Cindy Symons, OASIS Technical Analyst (608) 266-9675 or symoncg@dhfs.state.wi.us
  <div align="center">or</div>
- Chris Benesh, OASIS Automation Coordinator (608) 266-1718 or benesce@dhfs.state.wi.us

Questions related to OASIS data collection (clinical issues) should be directed to:
- Andrea Henrich, OASIS Educational Coordinator (608) 267-3807 or henriam@dhfs.state.wi.us

General home health questions should be directed to:
- Barbara Woodford, Home Health/Hospice Nurse Consultant (715) 855-7310 or woodfba@dhfs.state.wi.us

facsimile transmittal sample

To:	Name of Legal Agent	Fax Number:	xxx/xxx-xxxx
From:	Home Health Agency Staff Name	Date:	xx/xx/xxxxx
Re:	OASIS	Pages:	

Confidentially Notice: The following facsimile contains confidential information owned by the sender. The legal recipient of this information is bound by the written terms of the contract that (HHA name) has with (software vendor name) and may use the data only for the purposes outlined in the written contract and is prohibited from disclosing this information to any other party.

If you have received this fax in error, please contact the sender at the phone number listed above to arrange for the return of this information; you are notified that you are prohibited from copying, disclosing, or distributing this information to any other party.

DATE: **September 20, 2000**

FROM: Director
Survey and Certification Group
Center for Medicaid and State Operations

SUBJECT: Fax Transmission of Outcome and Assessment Information Set (OASIS) -
Procedures Affecting Home Health Agencies (HHAs) and OASIS Requirements--
INFORMATION

TO: Associate Regional Administrators, DMSO
President, Association for Health Facility Survey Agencies

The purpose of this memorandum is to provide guidance to HHAs and State survey agencies
concerning faxed transmission of OASIS or other patient identifiable information.

The use of electronic means of communication is acceptable in HHAs, if appropriate safeguards
are in place. The fax machine provides a fast and inexpensive method to send and receive patient
specific information, such as patient referrals and physician orders. However, the use of fax
transmission can open up the possibility that confidential patient information can be transmitted
or handled in a manner that is not secure and does not protect the patient=s confidential health
information. For example, the use of an incorrect fax number can allow the material being
transmitted to persons who are not legally authorized to have this information. Inasmuch as the
Health Care Financing Administration (HCFA) takes its responsibility seriously to protect patient
specific information once it has been transmitted to the State, we expect HHAs to provide the
same protections to OASIS data while it is maintained at the HHA.

The home health Condition of Participation (CoP) 42 CFR 484.11, Release of Patient
Identifiable OASIS information, requires that HHAs and agents acting on behalf of the HHA in
accordance with a written contract must ensure the confidentiality of all patient identifiable
information contained in the clinical record, including OASIS data, and may not release patient
identifiable information to the public.

It is the responsibility of the HHA to make sure that it has a written contract providing its agent
with the legal authority to encode and transmit OASIS assessment data. The contract should also
ensure that the agent holds all OASIS data confidential. Each HHA that uses fax transmission of

OASIS information should develop its own policies and procedures to assure confidentiality of patient information, as well as, comply with legal, regulatory and accreditation requirements. It is also the responsibility of the HHA to make sure that OASIS assessment data is transmitted to its agent by a secure method.

If the HHA chooses to use facsimile transmission of OASIS data, guidelines for use of facsimile transmission of OASIS data are provided below:
- The HHA or agent should place fax machines in a secure area and limit access to them.
- The HHA should identify one person in a department or unit to monitor incoming documents on a fax machine, or to deliver the document information directly into a secured data base system.
- The HHA should outline appropriate written policies that safeguard that transmitted OASIS information is sent to the appropriate person and verify the correct facsimile number to which the OASIS data is being transmitted. This should include:
  (a) use of the of a cover sheet, either electronic or hard copy, accompanying the faxed information that specifies that the OASIS information is confidential and limits its use to the terms of the written contract, (b) that the person who is the legal authority for the receipt of the OASIS information is prohibited from disclosing this information to any other party, any may use the data only for the purposes outlined in the written contract, and (c) the HHA should contact the agent to verify the correct fax number to use prior to faxing.
- The HHA should develop and enforce procedures to be followed in the case of a misdirected transmission. This should include: (a) a notice on the cover sheet that prohibits the disclosure, copying, or distribution of the information by the unintentional receiver of the fax, (b) a notice to the unintentional receiver of the fax to notify the sender immediately if they have received this information in error to arrange for the return of the information, and (c) the name and phone number of the sender to contact. A sample fax coversheet is attached for further guidance.

State survey agencies should follow the same guidelines outlined above when using fax machines for doing such things as sending and receiving requests to correct errors to the OASIS data base.

The guidance and recommendations provided in this memorandum apply to all accredited HHAs that participate in Medicare and to HHAs that are required to meet the Medicare Conditions of Participation, including Medicaid HHAs.

If you have any questions about these instructions, please contact Mary Weakland at 410-786-6835 or Tracey Mummert at 410-786-3398.

/s/

Steven A. Pelovitz